

CITY OF LEITCHFIELD BUSINESS LICENSE APPLICATION

*NAME OF BUSINESS: _____

*FEDERAL TAX ID#: _____

*OWNER/OWNERS: _____

*BUSINESS ADDRESS: _____

*MAILING ADDRESS: _____
(If different than above)

*IS THIS AN INTERNET BASED BUSINESS: YES ☐ NO ☐

*TELEPHONE NUMBER: _____

*NATURE OF BUSINESS: _____

*NUMBER OF EMPLOYEES: _____

*ZONING CLASSIFICATION: _____

***FORM MUST BE COMPLETELY FILLED OUT BEFORE IT WILL BE ACCEPTED**

In reference to ordinance #2003-10, the minimum license fee for any business is \$50.00, which is to be remitted with this application. An Annual Net Profits return will be mailed in December of each year for your business to file with the City of Leitchfield. **If you have employees, there is a 1.2% withholding requirement on gross wages earned in the City of Leitchfield.** Quarterly payroll returns are mailed the last month of each calendar quarter.

The City of Leitchfield must be notified in writing of any changes in the nature of the business, ownership or management, address or termination of business.

By my signature below, I certify that the information provided herein is true and accurate to the best of my knowledge. **Further, I understand that obtaining a business license does not guarantee my right to do business at the location indicated. I hereby affirm that I will determine and comply with all applicable requirements of the Zoning Regulations for the City of Leitchfield.**

Signature of Applicant

Date

**Remit to: City of Leitchfield
Attn: Kim Sowders, City Clerk
P.O. Box 398
Leitchfield, Kentucky 42755-0398**

**Phone: 270.259.4034
Fax: 270.259.5858**

Signature of City Clerk

Date

Signature of Planning and Zoning Administrator

Date